## SCHEDULE B (FEC Form 3X)

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(	s)	FOR LINE NUMBER: PAGE 18/19				
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		(check only 21b 27	one) 22 X 23 28a 28b	24 2 28c 2		
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam							
$\rangle$	NAME OF COMMITTEE (In Full) PHYSICIAN INSURERS ASSOCIATION C							
۹.	Full Name (Last, First, Middle Initial)  STEVE CHABOT FOR CONGRESS  Mailing Address 3339 Harrison Ave.				Transaction ID: SB23.4789 Date of Disbursement  0 9 7 2 9 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
	3014 Harrison Ave.	3014 Harrison Ave. State Zip Code				Amount of Each Disbursement this Period		
	Cincinnati  Purpose of Disbursement  Campaign Donation	OH 45211		011		50	00.00	
	Candidate Name STEVE CHABOT		Category/ Type					
	Office Sought:  X House Senate President  State: OH District: 01	ement For: 2006 Primary X Genera Other (specify)	I					
3.	Full Name (Last, First, Middle Initial) TALENT FOR SENATE COMMITTEE				Date of Disbur			
	Mailing Address 9467 DIELMAN ROCK ISLAND IND DR				0 7 D	26 Y 20	06°	
	City ST LOUIS	State Zip Code MO 63132			Amount of Eac	h Disbursement th		
	Purpose of Disbursement Campaign Donation Candidate Name JAMES MATTHES TALENT		011 Category/	1000.00				
	Office Sought:    House   Disburs     X Senate   President     State: MO District: 00	ement For: 2006 Primary X Genera Other (specify)	1	7,75				
Э.	Full Name (Last, First, Middle Initial) TALENT FOR SENATE COMMITTEE				Transaction ID: SB23.4764 Date of Disbursement			
	Mailing Address 9467 DIELMAN ROCK ISLAND IND DR				09 / 0	27 7 20	06°	
	City ST LOUIS	State Zip Code MO 63132			Amount of Eac	h Disbursement th	-	
	Purpose of Disbursement Campaign Donation			011	1000.00			
	Candidate Name JAMES MATTHES TALENT  Office Sought: House Disbursement For: 2006			Category/ Type				
	Office Sought:    House   Disburs     X Senate   President     State: MO District: 00	ement For: 2006 Primary X Genera Other (specify)	I					
SUBTOTAL of Disbursements This Page (optional)								
TOTAL This Period (last page this line number only)								